

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 152

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

James Baes

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 1 0

Transaction ID: 54F417D4C76C41F1C2C

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Roger Ballard, CPA

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Mutual Insurance
Company

Occupation

Senior Vice President/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 1 0

Transaction ID: 0777909A447988668C8

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Tommy Barre

Mailing Address 500 S US Highway 77A

City

Yoakum

State

TX

Zip Code

77995-1399

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hochheim Prairie Farm Mut-
ual Insurance

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 1 0

Transaction ID: 7C2774E2ACC20E0BFDA

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)